

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 8, 2004

10/020,703

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 = *	
INDEPENDENT CLAIMS	minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* 84	Minus	** 53 = 3
Independent	* 12	Minus	*** 9 = 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE

OTHER THAI OR SMALL ENTIT

RATE	FE
BASIC FEE	150.00
X\$ 25=	
X100=	
+180=	
TOTAL	

RATE	FE
BASIC FEE	300.
X\$50=	
X200=	
+360=	
TOTAL	

OTHER THAI OR SMALL ENTIT

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	\$150.00
X200=	\$600.00
+360=	
TOTAL ADDIT. FEE	\$750.00

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITION FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	

RATE	ADDITION FEE
X\$50=	
X200=	
+360=	

Modified PTO/SO/17 (01-05)  
Approved for use through 04/30/2003. OMB 0551-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		Complete If Known	
Effective 12/08/2004. Patent fees are subject to annual revision.		Application Number	10/020,703
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	November 30, 2001
TOTAL AMOUNT OF PAYMENT (3) \$750.00		First Named Inventor	John G. N. HENDERSON
		Examiner Name	Dao Linda Phan
		Art Unit	3662
		Attorney Docket No.	HREA-86 (HAL-ID 167)

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:  Deposit Account Number: 50-1049 Deposit Account Name: Straub & Pokotylo		Large Entity	Small Entity
<p>The Commissioner is authorized to: (check all that apply)</p> <input checked="" type="checkbox"/> Charge any underpayment of fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments of fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) due in connection with the filing submitted herewith. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee in the above-identified deposit account.		Fee Code (\$)	Fee Code (\$)
		Fee (\$)	Fee (\$)
		Fee Description	Fee Description
		Fee Paid	Fee Paid
<b>1. BASIC FILING, SEARCH &amp; EXAMINATION FEES</b>			
Large Entity	Small Entity	Fee (\$)	Fee (\$)
(3)	(3)		
1000	500	Utility fee	
430	215	Design fee	
660	330	Plant fee	
1400	700	Reissue fee	
200	100	Provisional fee	
<b>SUBTOTAL (1) (\$ 00.00)</b>			
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
Total Claims	56	Extra Claims -53** = 3	X \$0.00 = \$150.00
Independent Claims	12	- 9** = 3	X \$200.00 = \$600.00
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee (\$)	
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 360	2203 180	Multiple dependent claim, if not paid	
1204 200	2204 100	"Reissue independent claims over original patent	
1205 50	2205 25	"Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2) (\$ 750.00)</b>			
* or number previously paid, if greater. For Reissues, see above			
Other fee (specify) _____			
* Reduced by Basic Filing Fee Paid			
<b>SUBTOTAL (3) (\$ 00.00)</b>			

<b>SUBMITTED BY</b>		(Complete if applicable)		
Name (Print/Type)	Michael P. Straub	Registration No. /Attorney/Agent	36,941	Telephone (732) 542-9070
Signature	<i>Michael P. Straub</i>	Date	February 28, 2005	

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